

Annexure (C)
JAMMU AND KASHMIR STATE INSURANCE
APPLICATION FOR ASSURANCE

(Referred to in Rule 12)

Statement to be made by a person applying for Insurance under the Government Employee's
 Compulsory Insurance Scheme.

1. (a) Full Name and Surname (Block letters) (a). _____
 (b) Father's Name (Block letters) (b). _____
2. (a) Date of birth (attested copy of 1st page
 of Service Book attached in support) (a). _____
 (b) Age to be on next birthday (b). _____
3. (a) Permanent address (a). _____
 (b) Present address (b). _____
4. (a) Full particulars of appointment held under (a). _____
 the Government/Designation and the
 Department/Office in which employed)
 (b) Date of joining Government service (b). _____
5. Married/ Unmarried
6. (a) Scale of pay of the post held (a). _____
 (b) Monthly Band Pay excluding Grade Pay (b). _____
7. Amount of policy applied for (in accordance
 with the Schedule given below) . _____
 (Note:-Not exceeding Rs, 2,00,000)

8. Description of nominees to whom the benefit is to be paid in the event of the death of the Insurant before the policy matures/death before the receipt of policy proceeds by the insurant.

S. No	Name of the Nominee	Age	Relation with the Insurant	Present address (of the Nominee)

(b)

Details of policy/policies already drawn under the State Insurance Fund	Date of taking of Insurance Policy	Amount of policy taken	Amount of premiumn

SCHEDULE

MINIMUM SUM TO BE ASSURED EMPLOYEES MONTHLY BAND PAY EXCLUDING GRADE PAY FALLS

- (a) Up to Rs. 5200/- PM
(b) From Rs. 5201/-PM to 9300/- PM
(c) From Rs. 9301/- to Rs. 15600/- PM
(d) From Rs. 15601/- PM to above Rs. 25,000/- Rs.50,000/ Rs.1,00,000/-
Rs.1,50,000/-
(e) Maximum limit of sum assured Rs.2,00,000/

Note: - An employee may, however, insure for an amount of Rs2,00,000/ higher than that which he has to take compulsory but such amount shall not exceed Rs. 2.00,000/ and it should either be one or the stipulated amount indicated in the above schedule or Rs. 2,00,000/-

Place _____

Date _____

Signature/Designation of applicant

Certificate by applicant's immediate superior.

It is certified that the particulars given above by the proposer are correct and nothing has been deliberately concealed.

Dated _____

Signature
Designation with Stamp of
D.D. O

FIRST PAGE OF THE SERVICE BOOK

Name. _____ Race. _____

Address. _____

Date of birth by Christian era as
nearly as can be ascertained (with source). _____

Exact height by measurement. _____

Personal marks of Identification. _____

Signature and Designation of the Head of
The Office or other Attesting Officer

Seal and Signature of the Drawing Officer

Attested true copy:

Note: -

Necessary requisite documents required for entry in the State Insurance Fund

1. Filing of application form by applicant and countersigned by D. D. O.
2. Photostat copy of first page of service book duly attested by D. D. O.
3. Photostat copy of permanent appointment order copy duly attested by D. D. O.
4. Covering letter